

| No. W 16661 | Due no later than Oct 31, 2002 Annual Report Form | | 2. Registered Agent and Office NO PO BOX | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--------------|--|-------------|-------------------------------|-------------|--------------|------------|--------|-------------------|----------------|-----------|----|-------|--------|--------------|--------------|----------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | 1. Mailing Address - Correct in this box, if applicable PROGRESSIVE BUILDING MAINTENANCE LL BOX 325 GREENLEAF, ID 83626 | | AMANDO PEREZ 420 FREEPORT CALDWELL, ID 83605 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Samuel C. Sanchez</td> <td>Box 325,</td> <td>Greenleaf</td> <td>ID</td> <td>83626</td> </tr> <tr> <td>Member</td> <td>Amando Perez</td> <td>420 Freeport</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table> | | | | | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Member | Samuel C. Sanchez | Box 325, | Greenleaf | ID | 83626 | Member | Amando Perez | 420 Freeport | Caldwell | ID | 83605 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | |
| Member | Samuel C. Sanchez | Box 325, | Greenleaf | ID | 83626 | | | | | | | | | | | | | | | | | |
| Member | Amando Perez | 420 Freeport | Caldwell | ID | 83605 | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 16661 | | 6. Signature <u>X</u> <i>Amando Perez</i> Date <u>8-29-02</u> Name (Typed or Printed) _____ Title <u>Member</u> | | | | | | | | | | | | | | | | | | | | |

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